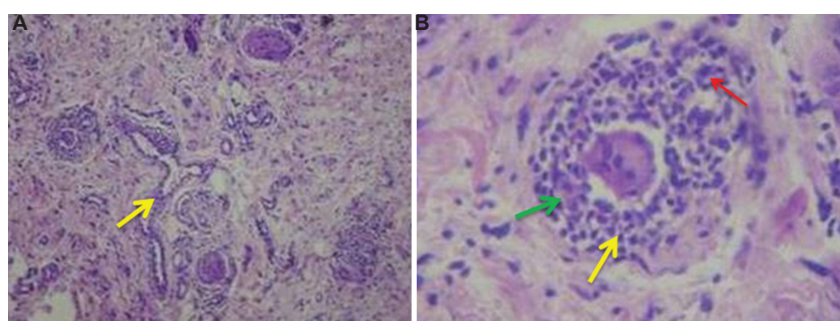




## Orofacial granulomatosis - Intralesional steroid therapy



**Fig. 1.** (A) Swelling on her lower and middle third of the face (arrows). (B) generalized oedematous and erythematous gingiva with respect to both upper and lower arch (arrows).



**Fig. 2.** Haematoxylin and eosin-stained histopathology pictures revealed (A) non-caseating granulomas along with dilated blood capillaries (yellow arrow) and lymphocytes ( $\times 10$ ). (B) non-caseating granulomas are surrounded by histiocytes (green arrow), lymphocytes (yellow arrow), blood vessels and multinucleated giant cells (red arrow) ( $\times 40$ ).



**Fig. 3.** Post-treatment follow up at the end of third week (arrows).

A 55 yr old female<sup>†</sup> presented to the department of Oral Medicine and Radiology, Mamata Dental College,

Khammam, Telangana, India, in June 2019, with the complaints of progressive swelling on her lower and

<sup>†</sup>Patient's consent obtained to publish clinical information and images.

middle third part of the face for the last four years. No history of food allergy was recorded.

On extra-oral examination, a diffuse swelling was seen on her lower and middle third of the face, involving upper lip, lower lip, chin and cheek region. Skin over the swelling was slightly erythematous with shiny surface, firm and non-tender (Fig. 1A). On intra-oral examination, generalized oedematous and erythematous gingiva was noted. Swelling involving the labial mucosa of both upper and lower lips and right and left buccal mucosa was seen. On palpation, it was firm and non-tender (Fig. 1B). Baseline investigations were non-contributory. Incisional biopsy was done with respect to upper lip. Haematoxylin and eosin-stained histopathology pictures revealed that superficial lamina propria consists of areas of non-caseating granulomas along with dilated blood capillaries and lymphocytes, suggestive of orofacial granulomatosis (Fig. 2).

A combination of intralesional injection of corticosteroids [injection triamcinolone acetonide (Kenocort)] 10 mg/ml twice a week for three weeks was started, along with tablet minocycline (OD) 100 mg for three weeks. Post-treatment follow up after three weeks showed complete resolution of swelling without recurrence (Fig. 3).

**Conflicts of Interest:** None.

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